2411 N. Charles St., Baltimore [3]-B)

02953

CERTIFICATE OF DEATH

Reg. Dist. No ...

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
- I lallal	(For newborn infants give residence of mother)
County	State Mal D County Halland
City or town	State County County
(If dataide city or town limits, write RURAL and give nearest town)	City or town US face.
How long in above place of death?	(lt/ontside sty or town limits, write RURAL and give nearest town)
Hospital, Institution or street address where death occurred:	mashet. XI.
	Street No. (If rural, give LOCATION)
2 - 4	The state of the s
How long in hospital or institution?	2.(a) If veteran, name war
	2 (h) C 1 C
3. (a) FULL NAME	3. (b) Social Security Number
Mal. Manks	The man
4 Ser 1 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
mente a. Den pla	7/1.30 .46.50
Made a. a. horage	20. DATE OF DEATH WALL 19 19 19 M
229	27 JERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	1/1 - 30 4/ 7/10 30 46
6.(c) If allve, give ageyears	19. L.D., 10. Change 19. L.
7. Birth date of M1	and that I last saw h was able on when 19 50
deceased (mo., day, yra) Mar	1-different Countries Ouration
	Immediate cause of death
8. AGE: Years Months Bays If less than one day	il land I would be a second
min.	VIII el bretes 6402
9. Birthplace Way On the Management of the Control	Due to.
(Town, county, and state)	Oleofogy Usscure
10. Usual occupation.	
10. Usual occupation.	Oue to
11. Industry or business	P
× 10: 10:	(·landes
12. Name 12. Name	Other conditions
\$ 13. Birthplace (Quand md	
	(Include pregnancy within 8 months of death)
14. Malden name. Analfa Milaham	Major findings of operations. A. March
	Major hadings of operations
E 15. Birthplace (V) Kara (M)	Oale of op.
(APA ULI A AM	Autopsy results. Would
16. informant de la	PHYSICIAN: Please nuderline the cause to which death should be charged statistically.
Address Oxland me	
DITTO OF THE	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which2) (month) (day) (year)	Accident, suicide, or homicide
(Burial, cremation, or removal, Which?) Bate thereof (month) (day) (year)	Account and a second se
Gemetery or crematory Odd de ellace	Where did injury occur?
Gemetery of Crematory.	
Location (Daland Joseph)	Injured at home, farm, Industry, public place (where?)
Lucation	Meens of Injury / Injured at work?
18. Funeral director dans all Alward	
10. Fullotal disconstruction	
Address a sallahuru and	I waws all
	23. SIGNATURE. M. D. or other
10 (Upr 2) 10th party arter	
(Date redd by registrar)	Address Date signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information earefully. The correct age is especially important. Physicians: please write the eauses of death clearly and legibly. MARGIN RESERVED FOR BINDING

BUREAU V S.

CERTIFICATE OF DEATH

Reg. Dist. No. 290

	Reg. Diat. No.
1. PLACE OF DEATH County	2. USUAL RESIDENCE (HOME) OF DECEASED: (It newborn plants give residence of mother) State County County County (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war. 3. (b) Social Security Number
4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20, DATE OF DEATH
6.(c) Name of husband or wife 7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day hrs	21. I CERTIFY that death occurred on the date above stated; that I allended deceased from 19 10 10 19 10 and that I last saw h. A.M. alive on
(Town, county, and state) 1D. Usual occupation	Due to
14. Maiden name Mysie Law 15. Birthplace 18. Interment Care Dice Address Lrundur 711d'	Major findings of operations
17. (Burial, cremation, or removal. Which?) Cemetery or crematory Location 18. Funeral director Address Augustury Address	Accident, suicide, or homicide
19. 3/13 19 76 Nevree (a by registrar)	23. SIGNATURE M. D. or other Address Date signed 313

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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MAR 29 1946

BUREAU

3. (b) Social Security Number

MARYLAND STATE DEPARTMENT OF HEALTH

2411

CERTIF

N.	Charles St	., Balt	imore 92	W 18
T	CATE	OF	DEATH	

(If ou

IH	STATE OF	Reg. Dist. No.
NCE (H	OME) OF DI	ECEASED:
Ly.	County	ite RURAL and give nearest town)

treet	No
	(If rural, give LOCATION)

2.(a) If veteran, name war.....

Address.

2. USUAL RESIDE

County
(If outside city of town limits, write RUKAL and give nearest town)
How long in above place of death
Hospital, Institution, or street address where death occurred:
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?
3. (a) FULL NAME
James / rampler
4. Sex S. Color or race 6.(a) Single, married, widowed, a divorced
4. Set . Gold of face . Goldingte, married, middled
Share to the state of the same
male while widowed.
5 4 10
Coshudo Usanos
6.(b) Nama of husband or wife
6.(c) It alive, give age years
7. Birth data of
deceased (mo., day, yr.)
8. AGE: Years Months Days It less than one day
6. A. C.
10 . 7 205
Cles toman h. V.
9. Birthplace
Town, county, and state)
/ arming
10. Usual occupation.
to be desired to the state of t
11. Industry or business
12. Name Descent Jenanglon 13. Birthplace Descent annes Co.
E 12 Name
13. Birthplace Occept Cinnes Co.
14 Maiden name William Milliam Milliam
E 14. Maiden name
14. Maiden name Williams Milvin
115. Birtingrace
16 Informant Mrs. Charles V. Claricle
16. Informan
Address Address
Buildo 3 3-31-46
Unite Thereof
(Burial, cremation, or Amoyal, Which) (mouth) (day) (year)
Milestone maxhelin
Cemetery or crematory
104. 4 1.
Location Land Marie Mari
n 2
18. Funeral director of the state of the sta

1/2014

MEDICAL CERTIFICATION	
20. DATE OF DEATH 7 4 18/16	at 3 30A
21. I CERTIFY that death occurred on the date above stated; that lattended decea	sed from
and that I last saw h. U. salive on D. J. J. J.	19.44
Immediate cause of death and the form	2 DURATION
Bue to Ch Valled Var / Recol Chara,	1542
Due to	************************
Other conditions	

1	-	F	1
	46	L	1
1	-	-	
		-	

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The correct age

every item of information carefully. The co-ite the causes of death clearly and legibly.

ADING INK. Supply Physicians: please wr

WITH UNFADING INK.

important.

is especially

1. PLACE OF DEATH:

PLEASE WRITE PLAINLY,

Faceson Registrar 22. VIOLENCE: If death was dua to external causes, fill in the tollowing: Accident, suicide, or homicide..... Where did injury occur?(City or town)

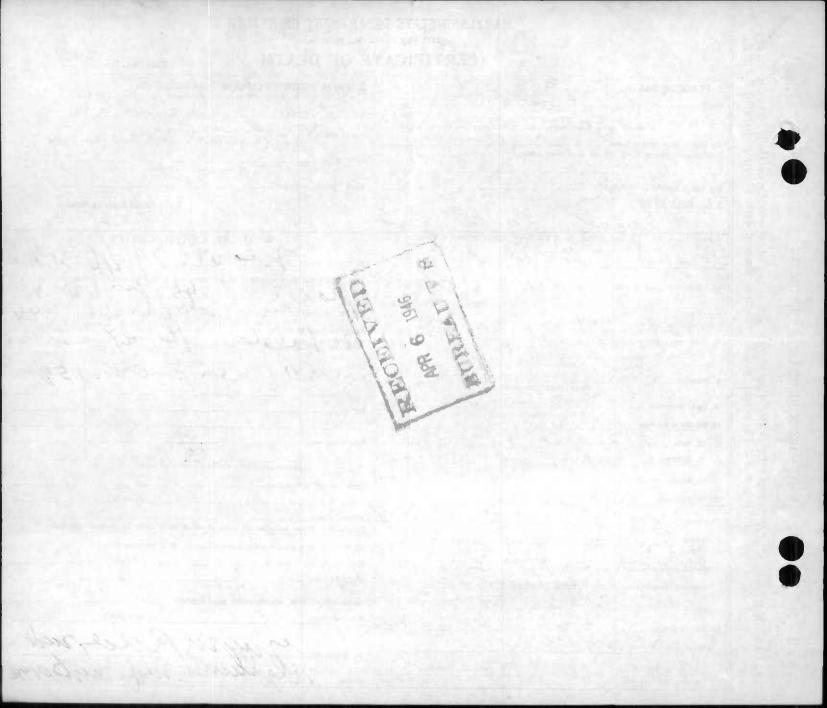
PHYSICIAN: Please underline the cause to which death should be charged statistically.

(County) (State) Injured at home, farm, industry, public place (where?)

(laclude pregnancy within 8 months of death)

Injured al work? Means of Injury

23. SIGNATURE



Evidence for change of year MARYLAND STATE DEPARTMENT OF HEALTH

of birth of deceased is shown on

(For newborn infants give residence of mother)	2
State County County	790
City or town	d give nearest town)
Street No	
2.(a) If veteran, name war	
3. (b) Social 5	Security Number
MEDICAL CERTIFICATI	. 0.
20. DATE OF DEATH. Allerde 23	1946 at 4 P
21. I CERTIFY that death occurred on the date above stated: that I atte	
Jan 20 1946 10 91	arch 23 19 7 6
and that last saw hamalive on Murch 23	194
Immediate cause of death	OURATION
Immediate cause of death Myorurder	10 29mg.
Oue to	
Oue to	
Other conditions	********************************
(Include pregnancy within 8 months of death)	
Major findings of operations.	
Date of	op
Autopsy results	charged statistically.
22. VIOLENCE: If death was due to external causes, fill in the tollow	Ing;
Accident, spicide, or homicide	e ot
Where did injury occur?) (State)
Injured at home, farm, Industry, public place (where?)	***************************************
Means of Injury Injured at	work?
1/	1.11



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02957

CERTIFICATE OF DEATH

Rev. Dist. No. 296

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newbord infants give residence of mother)		
County	State M. County Palbot		
(If outside city or town limits, write RURAL and give nearest town)			
How long in above place of death?	City or town (If ontside city or town mits, write RURAL and give nearest town)		
Hospital Institution, or street storess where death occurred?	Street No. 201		
the state of the s	(If rurai, give LOCATION)		
How long in hospital or institution?	2.(a) It veteran, name war.		
3. (a) FULL NAME	3. (b) Social Security Number		
Vertha. Homo			
4. Sex 5. Color or race 6.(x) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
semale that. Morned	20. DATE OF DEATH March 13 19 46 at PM		
6,(b) Name of husband or wife Lange Hames	21. I CARTIFY that death occurred on the date above stated: that I attended deceased from		
Mont singue	February 26 1946 10/March 3 1940		
7. Birth date of	and that I last saw h Lew alive on March 13 19.46		
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediato cause of death		
56 about c	Dilet: la la 4 week		
Did a O Cand			
9. Birthplace (Town, county, and state)	Due to Disheta millitum 3		
1D. Usuat occupation. A Cash Silling	B. J.		
11. Industry or business Same ask alcove	Due to		
= 12 Name Washington Slamford	Other conditions.		
13. Birthplace of galehlaliere ma			
	(Include pregnancy within 3 months of death)		
	Major findings of operations.		
\$ 15. Birthplace of the salaring	Date of op.		
16. Informant Dage Level Macuat	Autopsy results		
Address Huladelphia	22. VIOLENCE: If death was due to external causes, till in the following:		
Outlied cremation or removal, Which?) Date thereo Matth. 19 1946 (month) (duy) (year)	Accident, sutcide, or homicide		
(Daries, Crosses)	Where did injury occur? (City or town) (County) (State)		
Cemetery or crematory. Somplement			
Location The Salar State of the Location The Salar State of the Salar	Injured at home, farm, industry, public place (where?) Means of injury Injured at work?		
18. Funeral director and believes	mosno vi injuri		
Address Delealing and	a manifully & Cop In D		
3/15 W MR nouse	23. SIGNATURE M. D. or other		
19. Registrar	Address 200 200 Date signed 3 17-46		

MAR 26 1946 BUREAU V &

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mather)
County	State Manual County Queen County
(If outside city or town limits, write RURAL and give nearest town)	State County County
	(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	(If outside city or town limits, write RUKAL and give nearest town)
1.	Street No.
Minogral Boogstaf	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
63 1 1.0 1.	N)
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	Ma 2.
4. Sex 5. Ecolor or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 53
tem ela W	20. DATE DF DEATH March 26 1946, at 5 7 M
RIV 1	
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that latended deceased from
	March 26 10 18 10 18 19 19
7. Dirth date of	and that I last saw h.ear. alive on
deceased (mo., day, yr.) Mascar & 6 - 9 6	Immediate cause of death
8. AGE: Years Month's Days It less than one day	(Yasarat Maily
9hrs9.5min.	
1011 A + 701	
9. Birthplace (Town, county, and state)	Due to
1D. Usual occupation	Due to
11. Industry or business	
12. Name Rafier X Horning	Other conditions
	(Include pregnancy within 8 months of death)
14. Malden name Lois M. Jones. 15. Birthplace Chester and.	Major fiudiugs of operatious
15. Birtholace Cheston.	
	Date of op.
16. Informant DAR: C. T. J. J. C.	Autopsy results
Address Chaster mod!	PHYSICIAN: Please underline the cause to which death should be charged statistically.
mal 1111 1 1 1 190	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burfal, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Co Co To	
Cemetery or crematory.	Where did injury occur?
Location // Charter	Injured at home, farm, industry, public place (where?)
Mayerige Viunain Jan.	Means of injury Injured at work?
18. Funeral director	A
Address of strul	(), 10 B-1 KI)
all hall hall have	23. SIGNATURE M. D. or other
19. 3/26 19 th / LTY- / llerus	Make Mid
(Date rec'd by registrar) Registrar	Address Date signed

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APR 11 1946

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MARGIN RESERVED FOR BINDING

VS ATE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



02958

CERTIFICATE OF DEATH

4	Reg.	Dist.	No.	2	9	/

1. PLACE OF DEATH County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County County
How long in above place of death?	City or town
How long in hospital or institution?	2.(a) if veteran, name war
3. (a) FULL NAME Carrie L. Jackson!	3. (b) Social Security Number
4. Sex) 5. Color or race (6.(a) Single, married, widowed, or divorced widow Colored widow Thomas (acknow)	20. DATE OF DEATH CLASS 29, 19 18 18 M
8.(b) Name of husband or wife	21_ICERTIFY that death occurred on the date above stried; start attended deceased from Self-Line 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.
8. AGE: Years Months Days If less than one day 4 23 If less than one day	Immediately proceed death DURATION Centre Control of Centre Control of Centre
9. Birthplace	Due to brilews classic Nepher 9
11. Industry or business 12. Name. Thomas It. Bournay 13. Birthplace It. michael - hid	Due to
14. Maiden same Elizabeth Chancy 15. Birthplace of muchaels of hed	(Include pregnancy within 3 months of death) Major fiadings of operations Date of op. 1
18. Informant Littled T. Snew Address St. MyChaele. Mo	Autopsy results
17. Gurial (Burial, cremation, or removal, Which) Date thereof Gail (1946 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Location A michaels. The	Where did injury occur? (City or town) (County) (State) Injured at home, farm, Industry, public place (where?)
18. Funeral director Mewnam & Howison Address St. nichaels. Dus	Means of Injury Injured at work?
19 March 30 19 46 John Hewwoln Registrar	23. SIGNATURE M.D. or other Address of Mechaels Male eigned 3. 3046

RECTIVED AFR 3 1946

BUREAU V.B.

VS A15

DIACE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 92-8



CERTIFICATE OF DEATH

Conety. albor	(For newborn infants give residence of mother)	
	State hid county Jalbot	
(if outside city or town limits, write RURAL and give nearest town)	St michaels	
How long in above place of death?	(If outside city or town limits, write RURAL and give nea	rest town)
Hospital, Institution, or street address whate death occurred:	Street No.	
	(If rurai, give LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Security	Number
Cornelia Beymand McQuay	none	
4. Sec 5. Color or race 6.(a) Slagte, married, widowed, or divorced	MEDICAL CERTIFICATION	
Lewel white married	20. DATE OF BEATH March 27,1946 19	10:30 H
9 R. D. J m & 9.		
6.(6) Name of husband or wite.	21. LEERTIFY that death occurred on the date above stated; that lattended deco	7,1946
7. Birth date of	and that I last saw h er allvo on Mar. 20, 1946	
deceased (ma., day, yr.) /nav. 30 /879		DUGATION
8. AGE: Years Months Days It less than one day	Initral 'Disease	DURATION
66 // 28nin.	HHypertension	l yr
St michaele.		
9. Birthplace	Due to	
10. Usual occupation Thomas Land		***************************************
11. Industry or husiness?	Due to	***********************
		000
12. Name Jamuel Bay nord	Other conditions	
	(Include pregnancy within 3 months of death)	
14. Malden same referces combains	Major findings of operations.	
14. Malden same Refercea Lambelius 15. Birthplace Talbot Co. md	Date of ep.	
16. Interment T. Richard M. Quas	Autonsy results.	
(100 -1 1 Quel	PHYSICIAN: Please underline the cause to which death should be charged	
Address At. Michael. Mil	22. VIOLENCE: It death was due to external causes, fill to the tollowing;	
17. Scrick [Borial, cremation, or remays, Which?] Date thereof Man. 30, 1946 (month) (day) (year)	Accident, suicide, or homicide	
Wiel towater		
Cemetery or crematory		(State)
Location Challs.	lojured at home, farm, industry, public place (where?)	- h/V
18. Funeral director Newmann & Halerran	Means of Injury 2 Injured at work?	11/1
Address At michael, Ind	16/	111.
AUDITESS 20-1.	23. SIGNATURE J. A SLEWAY	Wo:
19. Strek 2, 9 10 4 6 John Herevalee	St.Michaels, Md M.D.	
(Date rec'd by registrar) Registrar	Address	

APR 3 1946
BUREAUVE

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

02960

CERTIFICATE OF DEATH

	23.0	2 -
Reg. Diat.	No.	9

1. PLACE OF TEATH County City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State County County Clip or town limits. Write RURAL and give uearest town) Street No. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Travers. Moor	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Single	MEDICAL CERTIFICATION 20. DATE OF DEATH WASH Y8 1946, 21 7 7 A M
B.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I obtained desect from
B.(c) It alive, give ageyears	
7. Birth date of deceased (mo., day, yr.) 7 cfy 13 - 1898	and that I last saw halive on
8. AGE: Years Months Days If less than one day	Immediate cause of death
48 / 15hrsnin.	Corocare Occillain and
9. Birthplace Deutre II Mary Laved (Town, county, and state)	Due to.
10. Usual occupation	Oue to.
12. Name Nathan W. Moore 13. Birthplace Slaware	Other conditions Columnic always 4000 4000
14. Malden name. Reheren E Wille: 15. Birthplace Caroline Co. Med	(Iuclude pregnancy withiu 8 months of death) Major findings of operations
18. Informant Herbert W Moure Address Cunturelle Hawland	Autopsy results
17	22. VIOLENCE: If death was due to external causes, flil in the tollowing; Accident, suicide, or homicide
Cemetery or crematory Chealleful May land	Where did injury occur?
Barto Bend	Means of Injury Injured at work?
18. Fuñéral director	2. A Hope had Dale to
19. 3./2919. 46 7-14. Neuriana Registrar	Address Date Signed 3-79-46

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APR 4 1946 BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

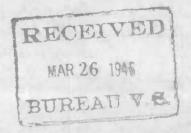
2411 N. Charles St., Baltimore

02961

CERTIFICATE OF DEATH

Rev. Dist. No. 290

County (Exposited city or town limits, write RURAL and give nearest town) Ree legs in about size of death? Ree legs in about size of death? Respiral, ingificion, or street address where death occurred: (If outside city or town limits, write RURAL and give nearest town) Street Re. (If outside city or town limits, write RURAL and give nearest town) Street Re. (If outside city or town limits, write RURAL and give nearest town) Street Re. (If outside city or town limits, write RURAL and give nearest town) Street Re. (If outside city or town limits, write RURAL and give nearest town) Street Re. (If outside city or town limits, write RURAL and give nearest town) Street Re. (If outside city or town limits, write RURAL and give nearest town) Street Re. (If outside city or town limits, write RURAL and give nearest town) Street Re. (If outside city or town limits, write RURAL and give nearest town) Street Re. (If outside city or town limits, write RURAL and give nearest town) Street Re. (If outside city or town limits, write RURAL and give nearest town) Street Re. (If outside city or town limits, write RURAL and give nearest town) Street Re. (If outside city or town limits, write RURAL and give nearest town) Street Re. (If outside city or town limits, write RURAL and give nearest town) Street Re. (If outside city or town limits, write RURAL and give nearest town) Street Re. (If outside city or town limits, write RURAL and give nearest town) Street Re. (If outside city or town limits, write RURAL and give nearest town) Street Re. (If outside city or town limits, write RURAL and give nearest town) Street Re. (If outside city or town limits, write RURAL and give nearest town) Street Re. (If outside city or town limits, write RURAL and give nearest town) Street Re. (If outside city or town limits, write RURAL and give nearest town) Street Re. (If outside city or town limits, write RURAL and give nearest town) Street Re. (If outside city or town limits, write RURAL and give nea	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or form	En Jan Mid.	700
Rice long is abage place of death?	(If outside city or town limits, write RURAL and give nearest town)	Contractle
Street Re. (If rural, give LOCATION) 2.(a) If veteran, name war. 3. (b) Social Security Number 3. (c) FULL NAME 4. Sax 5. Color or race 6.(a) Single, married, widowed, or divorced 4. Sax 5. Color or race 6.(b) Name of bashone or wite Mark Married, widowed, or divorced MEDICAL CERTIFICATION 20. DATE DF DEATH 21. DEATH Married, the Lattended Security Number 22. DATE DF DEATH 23. (a) If allended security on the date above stated; the Lattended Security Number 24. Sax 25. Color or race 8. (c) If allen, give ago. 9. Social Security Number MEDICAL CERTIFICATION 20. DATE DF DEATH 21. Letter on the date above stated; the Lattended Security Number 24. Letter on the date above stated; the Lattended Security Number 26. DATE DF DEATH 27. Letter on the date above stated; the Lattended Security Number 28. AGE: Tears Months 19. 4. 9.		(If outside city or town limits, write RURAL and give nearest town)
Hew forg in hospital or institution? 3. (a) FULL NAME 3. (b) Social Security Number MEDICAL CERTIFICATION MEDICAL CERTIFICATION 3. (b) Social Security Number MEDICAL CERTIFICATION 3. (c) Name of bushand or with Mass Markey Middle greated from the date above stated; that lattended secured from the date ab	. 0 11 (-1)	Street No.
3. (a) FULL NAME 4. Sex 5. Color or rack 6. (a) Single, married, widewed, or directed MEDICAL CERTIFICATION 7. Birth date of deceased (mo., day, yr.) 8. AGE: Vears Months 9. Birthplace 10. Usual occupation 11. Industry or business 11. Industry or business 11. Industry or business 12. Name December of certain or radious, which is a like the control of the cause to which death should be charged statistically. Address: 11. Industry or business 12. Name and that I lest saw him to death in the following: 13. Birthplace 14. Maiden name. 15. Informant. 16. Informant. 17. Signification 18. Color of radious, which is a months of death) 18. Informant. 19. Due to 19. Usual occupation 19. Usual occup	A CONTRACTOR OF THE CONTRACTOR	1/
4. Sex 3. Color or race 6. (a) Single, married, widewed, or divorced 6. (b) Name of backane or wite Mac Marie Marie Marie Mac Marie Marie Marie Mac Marie Marie Mac Marie		2.(a) If veteran, name war.
4. Sex S. Color or rand S. Color or rand S. Color or rand S. Color or rand S. Color of Received S. Color of Receiv	Je hoory one	3. (b) Social Security Number
8. (b) Name of husband or wife Mas Musical Mus		MEDICAL CERTIFICATION
8. (b) Name of bushant or wife Mass Michael Mi	no 1.1 no a.1.	6.5
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 9. Birthplace	7 Me . no . 10	
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day Immediate cause of death. Duration 9. Birthplace. Crown, codety, and state) 10. Usual occupation. Duration 11. Industry or business Dirthplace Duration 12. Name. Duration 13. Birthplace Duration 14. Maiden name. Duration 15. Birthplace Duration 16. Informant. Duration Address Date thereof. Capacity (year) (Burlal, cremation, or removal. Welch) Date thereof. Capacity (year) Cemetery or crematory, or removal. Welch) Date thereof. Capacity (year) Cemetery or crematory, or removal. Welch) Date thereof. Capacity (year) Cemetery or crematory, or removal. Welch) Date of county (State) Insuration and that I last saw h 1.12 and t	6.(b) Name of husband or wife Mar. Maray w Mulliples	
Immediate canse of death DURATION	8.(c) If alive, give age 57 years	7. 10
8. AGE: Years Months Days It less than one day Main	V 10 (/ L-	
9. Birthplace (Town, county, and state) 10. Usual occupation Due to Due to Diher conditions 11. Industry or bysiques 12. Name Diher conditions 13. Birthplace Distributions 14. Maiden name Distributions 15. Birthplace Date of op. Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide Date of County) (State) Cemetery or crematory Distributions (County) (State)		Immediate cause of death
9. Birthplace (Town, county, and state) 10. Usual occupation. 11. Industry or business 12. Name (Inclinde pregnancy within 3 months of death) 13. Birthplace (Inclinde pregnancy within 3 months of death) 14. Maiden name (Inclinde pregnancy within 3 months of death) 15. Birthplace (Inclinde pregnancy within 3 months of death) 16. Informant (Inclinde pregnancy within 3 months of death) 17. Address 18. Informant (Inclinde pregnancy within 3 months of death) 22. VIOLENCE: If death was due to external causes, fill in the following: 18. Accident, suicide, or homicide Dale of Where did Injury occur? (City or town) (Connty) (State)	62hrsmin.	
10. Usual occupation. 11. Industry or business 12. Name. 13. Birthplace 14. Maiden name. 15. Birthplace 16. Informant. Address 17. (Burial, cremation, or remount. Which?) Date thereof. (Include pregnancy within 3 months of death) Major findings of operations. Authorsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Date of op. Connty) (State)	Plande 20 Co not.	
11. Industry or bysiquess 12. Name Diher conditions Dihe	9. Birthplace(Town, county, and state)	Due to
12. Name	10. Usual occupation	Due to.
14. Maiden name 15. Birthplace 16. Informant	11. Industry or bysiqess	
14. Maiden name 15. Birthplace 16. Informant	# 12. Name Nobert Harry Nevellehen	Diher conditions
14. Major findings of operations 15. Birthplace 16. Informant	\[\frac{1}{2} \] 13. Birthplace \[\frac{2}{2} \] \[\frac{1}{2} \] \[\frac{1}{2} \]	
Address 17. (Burlal, cremation, or removal. Which?) Cemetery or crematory	14 Maiden name (sole laide Williameson)	
Autoress 17. (Burlal, cremation, or removal. Which?) Cemetery or crematory	9 0 0 0 0	
Address 17.	21 15. Biginplace	
Address 22. VIOLENCE: If death was due to external causes, fill in the following; (Burlal, cremation, or removal. Which?) Cemetery or crematory	16. Informant	
17. (Burial, cremation, or remous). Which?) Date thereof (month) (may) (year) Cemetery or crematory	Address Cauthaulle hid	
Cemetery or crematory	17. Busial Date thereof	
lating of home form ladjustry nubile place (where?)	(Burlal, cremation, or removal. Which?)	
Location liqured at home, farm, industry, public place (where?)	Cemetery or crematory	(City or town) (Connty) (State)
	Location entreville mid	Injured at home, farm, industry, public place (where?)
18. Funeral director Edaston ISraal Means of Injury Injured at work?	18 Funeral director Caston Israel	Means of Injury Injured at work?
Address Centrevelle Maryland. 13 (5 5	Partanal Marshand	13 6 6 9
Address 23. SIGNATURE M. D. or other .	Address /-	23. SIGNATURE N. D. or other
19. 3/9 19 46 1 A Perris Registrar Address Sasty md Bale signed 3 10146	19. 3/9 19 46 1 Person	5 - 7 2-1 21/4/1/



VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(12962 Reg. Dist. No. 290

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County City or the City or town limits, write RURAL and give nearest town) Howing in above place of death? Hospital, institution, or street address where death occurred: How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn lufants give residence of mother) State
3. (a) FULL NAME agnes, Dorine Murray	3. (b) Social Security Number
4. Sex S. Color or race S. (a) Single, married, widowed, or divorced Jernale Colored Single 6. (b) Name of husband or wife	MEDICAL CERTIFICATION 2D. DAYE DF DEATH 21. I CENTIFY that death occurred on the date chove stated: that Latinded deceased from 19.45, to 20.000 3 19.44
7. Birth date of	and that I last saw h. L. alive on Fel. 25, 1946 19
deceased (mo., day, yr.) 8. AGE: Years Months Days 1/less than one day	Immediate caye of death
10 4hrsmin.	Juffer Del 4 2453
9. Birthplace	Diher conditions (Include pregnancy wijnin 3 mouths of death) Major findings of operations Date of op.
16. Informant Nome & Musicary Address Bellewie MA	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Buttiel Date thereof Mare: 6 th 1946 (Burial, cremation, or removal, Which?) Cemetery or crematory It. Super Churals Cemeters	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Location Balleville, Milliams 18. Funeral director John Williams	Injured at home, farm, Industry, public place (whice?) Means of Injury Injured at work?
Address Sacton Mof 19. 3 / 6 1946 N. H. Nevius (Date Fee'd by registrar) Registrar	23. SIGNATURE M. D. or other Address. T. June Land Bate signed 3.6 46



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. VS A15

MARYLAND STATE DEPARTMENT OF

2411 N. Charl

PARTMENT OF HEALTH	02963
es St., Baltimore	

CERTIFICAT	E OF DEATH Reg. Dist. No. 296
County Co	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
low long in hospital or institution?	2.(a) If veteran, name war
Elmo Esau Ockin	3.(b) Social Security Number 215-16-3983
Male Negro Mar (6) Name of husband or wife Stella Oplemey	MEDICAL CERTIFICATION 2D. DATE OF DEATH MAN 24 19.46 at 5.30 MB 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Birth date of deceased (mo., day, yr.) 3. AGE: Years Months Daya if less than ooe day 11 14	and that I last saw h
O. Usual occupation. 1. Industry or business	Due to
12. Name Carlon Me rurel 14. Maiden name Charlatte Carley	Diher conditions Described Leyson Constant (Include pregnancy within 3 months of death)
6. Informant Commence Deskinney	Major findings of operations
Address Caralari Date thereof	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Location Conservation Conservat	Where did injury occur?
Address 1085 - Hurrison Steaton 3/26 19.46 M.H. Melling (Date fee'd by registrar)	23. SIGNATURE LOUIS Neety M. Def. Mellex Address Laston held Date signed 3-74-46

MAR 29 1946
BUREAU V.S.

DESCRIPTION OF THE PROPERTY OF STATE OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 104

CERTIFICATE OF DEATH

Reg. Dist. No. 290

1. PLACE OF DEATH: 9 Place	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Paston Ald	State Itary layed County Salbor
City or town(If outside city or town limits, write RURAL and give nearest town)	City or town
How long in above place of death?	(If onthice city of the firmits, write RUKAL and give nearest town)
Sastor offeriorial Noopital	Street No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
VIOLA BUSH MOBERT	S
4.863 5. Color or race 6.(a) Singly married, widowed, or divorced	MEDICAL CERTIFICATION Afarch / 3, 1946 at 50 p. M
COD OF SEX	and the state of t
6.(b) Name of husband or wife.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	and that I last saw h. A. alive on
7. Birth date of deceased (mo., day, yr.) January 30, 1897	Immediate cause of death. Canana Market Canana Duration
8. AGE: Years Months Days If less than one day	Immediate Cane of death.
77 / 1/3hrsmin	
9. Birthplace Deudsay Oulacio nowy county, and state)	Due to Maria Landanana Maria Harris
1D. Usual occupation.	Due to
11. Industry or busiless A Style	
12. Name John & Dush La 13. Birthplage Cayada	Dther conditions
	(Include pregnancy within 8 months of desth)
14. Malden name Ciny De Jage 15. Birthfiac Banada	Major findings of operations.
≥ 15. Birthplace () Qanada	
16. Informant Ar. Clefied A. Arbeits	Antopsy results
Addressy roppe, Mad.	22. VIOLENCE: If death was due to external causes, fill in the following;
(Rurial gremation optemoval Which?) Bate thereof 1226 (month) (day) (year)	Accident, suicide, or homicide
1. D. On A Otam Verial Man	Gity or town) (County) (State)
Cemetery or crematory	Injured at home, farm, Industry, public place (where?)
Location Location Lucia B	Means of injury Injured at work?
18. Funeral director States States.	means of mysry
Address Jaslou, Afta.	23. SIGNATURE M. V. Policies M. D. or other
19. 3/4 Neurosister) 19. 46 M. Registre	M. D. or other Address. Castan Mass, and Date signed 3/18/1/46

NAR 26 1911 BUREAU V.B

PDEASE WRITE PLAINLY, WITH ONFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (59)

CERTIFICATE OF DEATH

(1296; **296**; **296**

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
F C Single	20. DATE OF DEATH OF OLD 22 1946 at 4141 m
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	
	and that f last saw halive on
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death
hrsQ min.	Transline
9. Birthplace	Due to
10. Usual occupation	Due Io
11. Industry or business	JUST 10.
12. Name Receipt Residence	Dther conditions.
13. Birthplace	(Include pregnancy within 3 months of death)
14. Malden name Mand Wabban 15. Birthplace Naus Chapel , Md.	Major findings of operations
16. Informant	Autopsy results
Address Zantau na.	PHYSICIAN: Please underline the caose to which death shoold be charged statistically.
17	22. VIOLENCE: If death was due to exteroal causes, fill in the following; Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Zastan ma-	Injured at home, farm, industry, public place (where?)
18. Funeral director. Possey Ross	Means of Injury Injured et work?
Address Saster na.	my Marin Pan Ros
19. 3/22 19.46 Aft - New Registrar	Address Date signed 746

MAR 26 1946
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VS A15

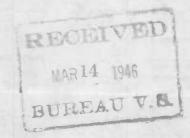
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 3

CERTIFICATE OF DEATH

TR / 12966

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For perpendicular and provided in the control of the con
3. (a) FULL NAME	3. (b) Social Security Number
Mary C. Kowe	Mone.
4. Sex Color or races 5.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
Temale white evidoro	2D. DATE DF DEATH MASS 5 19.46, at M
6.(b) Name of husband or wife James Kaine	21. I CERTIFY that death occurred on the date above stated; that I atlended deceased from
	19 7/ , to sau 5 19 6
7. Birth date ot	and that I last saw h. L. alive on
deceased (mo., day, yr.) upv. 13, 1839	Immediate cause of death
8. AGE: Years Months Days If less than one day	My occurred at fail con
86 10 18min.	
9. Birthplace At Marcy Co, Md. (Town, county, and state)	Due to Chronic Muyor carditeris
10. Usual occupation The Market of the Company of t	Due to Essential Superfermin
	Contain Da ailennia
12. Hame Learge & Cheseldine 13. Birthplace It. Marya bo. Md	Other conditions
# THAN IS The mott	
14. Malden name	Major findings of operations
m 5 Markan + Sour	Autopsy results.
Address _ Carlon Md .	PHYSICIAN: Please underline the cause to which death should be charged statistically.
B . 1 may 8 19.16	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) Date thereof	Accident, suicide, or homicide
Cemetery or cremetory Public to the Comment of the	Where did injury occur?
Location Seedlessouls of The	Injured at home, farm, Industry, public place (where?)
Location DM -	Means of Injury Injured at work?
18. Funeral director during the fundamental director of the second d	et .
Address & aston Mich	23. SIGNATURE J. J. L. Baien M. P.
19. 3/2 19 46 M.H. nevus	Address Earlo Date signed 3 72 4.6
(Date rec/d by registrar) Registrar	Address Date signed Date signed



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VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH

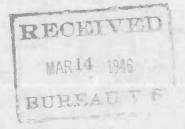
2411 N. Charles St., Baltimor

e /	100	
	940	

02967

CERTIFICATE OF DEATH

1. PLACE OF DEATH: 2000	2. USUAL RESIDENCE (HOME) OF DECEASED: (For responsible infants give residence of mother)
County	May land Walton
City or town. (If outside city or town limits, write RURAL and give nearest town)	Cart.
How long (n abo) e place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. Day It.
Affinished Hospital	Uf rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
JAMES SMITH	213-14-7588
4. Sex 5. Cotoffor face 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Hale White Widowed	20. DATE DE DEATH March 2 19.46 at 530 P. M
6.(b) Name of husband or wite Sig. Sarah Smith	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	march 2 18 46, 10 march 2 18 46
7. Birth date of years	and that I last saw h. Sam alive on 2 19 4 6
deceased (mo., day, yr.) feely d, 1870	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	
75 / U8 0	Corney Thoulain 6/2 has
9. Birthpiace Valbat Co. Sed.	Due to.
(Town, county, and state)	Due to
10. Usuat occupation Daspenter	Due to.
11. Industry or business	DUC 10
12. Name damas Amily	Other conditions
12. Name dungs Smith 13. Birthplace Afary Land.	
	(Include pregnancy within 3 months of denth)
14. Maiden name Hartha Trampton 15. Birthblace / Hary Land	Major findings of operations Ding renfied by S.K.A.
E 15. Birthplace Agary fleed	
16. Intermant Afro. Herau Phichberry	Autopsy results.
Address Paston Ud.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
1 2 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	22. VIOLENCE: If death was due to external causes, fill in the following;
17 (Burial, cremation, or removal Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or cremator Spring Stell	Where did injury occur?
The tell was	
Location	Injured at home, farm, industry, public place (where?)
18. Funeral director	Means of Injury Injured at work?
Address Caston Mid.	1 & 60 20 7
210 mellon	23. SIGNATURE
19. (Date ree'd hy registrar) 19 46 Registrar	
(Date rec'd hy registrar) Registrur	Address Date signed 3-4-46



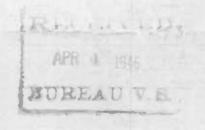
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (834)

CERTIFICATE OF DEATH

(12968 Reg. Dist. No. 290

City or the County City or town limits with HURAL and give nearest town) How long in above place of death? How long in hospital or institution? How long in hospital or institution?	State Caunty City or town (If outside Rity or town) limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.
3.(a) FULL NAME GEORGE STEVENS	3. (b) Social Security Number
4.5ex 5. Color or race 6. (a) Singly, maried, widowed, or divorced Hale Stark Singly, maried, widowed, or divorced Unidowed 6. (b) Name of husband or wife 6. (c) If alive, give age	MEDICAL CERTIFICATION 2B. DATE DF DEATH. 21. I CERTIFY hat death occurred on the date above stated; that I attended deceased from 19.46
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	Immediate cause of death Locality and Theresand DURATION
9. Birthplace Dalbot County Appl. 10. Usual occupation.	Due to Certain Scherosia 109x3
11. Industry or business 12. Name Series Series 13. Birtholace Series	Diher conditions (Include pregnancy within 3 months of death)
14. Maiden name Sarah Africelikin 15. Birthplate Africa African Africa	(Include pregnancy within 3 months of death) Major findings of operations
Address Seston, Ma	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:
Date thereof (month) (day) (year) Cemetery or crema(my)	Accident, suicide, or homicide
18. Funeral director	Means of injury injured at work?
19. 3/29 19.46 M. H. Perser Registrar	23. SIGNATURE M. D. or other Address Caster M. D. or other Address Signed M. D. or other



The correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The constant is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

2411 N. Charles St., Baltimore

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1	3	4	J	U	9	7

Reg. Dist. No. 290

1. PLAGE OF DEATH: County A. A. B. O. City or fown. I. City or fown limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
Now long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	
	3. (b) Social Security Number
ROLERT. HENRY, IEATS.	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced SiNGLE	MEDICAL CERTIFICATION 20. DATE OF DEATH MEDICAL CERTIFICATION 19 46 24 24 M
B.(b) Name of husband or wife	21. I CERTUPY that death occurred on the date above stated: that thended deceased from
7. Birth date ot deceased (mo., day, yr.) PR. 4, 1889	and that I last saw here alive on March 4 19 16
8. AGE: Years Months Days It less than one day	Immedial cause of death DURATION
9 Birthplace DUCENANNAS COUNTY.	Drowach 1
(Town, county, and atate)	Oue to
10. Usual occupation FARNI LAGOS. 11. Industry as business STEVEN HENRY TEATS.	Due to
12. Name.	Other conditions.
	(Include pregnancy within 3 months of death)
14. Malden name Jeet Age ANNA Simons 15. Birthplace 24CEN ANNA COUNTY. 16. Informant PEARL TERTS.	(Include pregnancy within 8 months of death) Major findings of operations
E 15. Birthplace 2 WCEN ANNA COUNTY.	Date of op.
16. Intermant POARL TOATS.	Autopsy results
Address EASTON MIL R.D. 3	22. VIOLENCE: It death was due to external causes, till in the tollowing:
17. Buyi77L (Burlal, cremation, or removal. Which?) Oate thereof. DAR. 9. 1944 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory De W CHAPEL CEMETERY Location EASTON TIL. TALFOTCO	Where dld injury occur?
Location Location Law Location Law Location Loca	Means of injury Injured at work?
Address Coation, melt	23 SIGNATURE KIND LEDERS M. J.
19. 3/2 1946 No. 14. New 18. (Date reg/d by registrar) Registrar	Address Augusta Canas Add Oate signed / 8

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MAR14 1945

BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 950

CERTIFICATE OF DEATH



1. PLACE OF DEATH: Copyright of the Company of the		
State. Many Many Country (It graded of the program in the part of	1. PLACE OF DEATH:	
City or town. Life gradual city or town gings writer grade after grade grad	County Talbot	(For newborn infants give residence of mother)
City or town (it regulate city or town) finitely write KURAL and give nearest town) Respital, restilution, or street address where death occared: Street Na. 2.2.3 Street Na. 2.2.1 Street N	Keesel Oak ands	State New York County Kinga
Now long in above place of dealth	(If suraide city or town limits) write RURAL and give nearest town)	Marie Under Patrol
Steel Ro. 24 Steel	How long to show along at doubt? 4 here	(If outside city or town limits, write PtiRAL and cive nearest town)
Bow long in heaspital or institution? 3. (G) FULL NAME Learning Street Control of Science (Science)	Mountal lectifuling or circal address where death accorred:	227 29 100 190 190 1
Bow long in heaspital or institution? 3. (G) FULL NAME Learning Street Control of Science (Science)	Husbital, tustifution, or stroot augress where goest overtons	Street No.
3. (b) Social Security Number 221-09-3923 6. Set 5. Color or race 6. (c) Single, instruct, viscous, or diversed 1. Colored 1. Colored	4	(If rural give LOCATION)
4. Six S. Color or race	How long in hospital or institution?	2.(a) II veteran, name war
4. Six S. Color or race	3. (a) FULL NAME	3 (b) Social Security Number
4. Sex 5. Color or race Colored Curcles with substance of the colored Curcles with the colored C		
But to see a see a second seco	Welhur S. Thomas	221-01-0120
8.(6) Hame of horband or wite. 8.(6) Hallo of horband or wite. 9.(6) It allow, five age 9. 886 8. AGE: Years Booths Bays It less than one day 19. Birth fate of decased (mo., day, rr.) 19. Birth place. 19. South of the list with the l	4. Sez 5. Color or race 5.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
8.(6) Hame of burband or wite. 8.(6) Hame of burband or wite. 9. It alive, five age. 9. It alive, five age. 9. It is set than one day 10. Burbalace. 10. Usual occupation. 10. Usual occupation. 11. Indextry or besinese. 12. It man. 13. Burthaface 14. Midden name. 15. Burthaface 16. Informacial Address. 17. PH. 18. Burthaface. 18. Burthaface. 19. It alive than one day 11. Indextry or besinese. 11. Indextry or besinese. 12. It man. 13. Burthaface. 14. Midden name. 15. Burthaface. 16. Informacial Address. 17. PH. 18. Funeral director. 18. Funeral director. 19. It does that a does not not controlled. 19. It does not not not controlled. 19. It does not not not controlled. 19. It does not	suche Colored trackowies	MI I TO THE
8. (b) Name of husband or with	/ Marco	20, DATE OF DEATH JALLA D 19 7 G at 1 M
S. O. Halles, give age years and that I leat saw has alive on flowing the state of decated (mo. dor, yr.) Cycle 9, 886 8. AGE: Years Bouths Bays It less than one day 25 hrs. min. 9. Birthplace. A GALL (AA COLOR O. Prod.) 10. Usual occupation. Account. Industry or positions and state) 11. Industry or positions 11. Industry or positions 12. Rame. Address Address Address Address And A	-t. "00 -th - 001	
7. Birth date of deceased (ma., day, yr.) Gyrul 9, 186 8. AGE: Years Boothe Bays It less than one day 10. Usual ecception. 11. Industry or beliness 11. Industry or beliness 12. Hame. 13. Birthplace 14. Maiden name. 15. Birthplace 16. Informaci 16. Informaci 17. Description 18. Birthplace 19. Was a comparable of the conditions 18. Birthplace 19. Was a comparable of the conditions 19. Was a comparable of the conditions 10. Usual ecception. 11. Industry or beliness 12. Hame. 13. Birthplace 14. Maiden name. 15. Birthplace 16. Informaci 16. Informaci 17. Description 18. Birthplace 19. Was a conditions 18. Funeral director (control of the condition) 19. When 6 19, 46 Industry public place (where?) Manna of injury 19. Males 6 19, 46 Industry public place (where?) Manna of injury 19. Males 6 19, 46 Industry 19. Males 6	6.(b) Name of husband or wite	
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(Date rec'd by registrar) Address Address Address Dale signed 3 D. 14 U	" such 6 . 46 lotus Hurrale	M, D. or other
	(Date rec'd by registrar)	Address Un voil Dale signed 3 6 140

RECEIVED NAF 12 1946

RUELAT

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 9400

02971

CERTIFICATE OF DEATH

Reg. Dist. No. 296

1. PLACE OF DEATH. Salbot	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State County albor
How long in above place of death? 2 1 1 2 1 2 1 2 1 2 1 2 2 2 2 2 2 2 2	City or town (If outside city of town limits, write RURAL and give nearest town) Street No. 47 . Lashingley
147 S. Elashington St.	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
JAMES FREDERICK WAL	LACE 3. (b) Social Security Number 219-14-3644
4. Sex 5,000 or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH MASSEL 9 19 46 2/2 4 A. M
6.(b) Name of husband or wife Blanche Love Wallace	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	and that I last saw h
deceased (mo., day, yr.) Secul 29, 1872	Immediate cause of death Coronary Throughams DURATION
8. AGE: Years Months Days If less than one day 73 8 10hrmin.	24 643
9. Birthplace Dorchester County Left.	Due to.
10. Usual occupation. Seliced Salesman	Due to
12. Name Wingate Hallace 13. Birthplace Haryland	Other conditions
14. Maiden name Pathering Cendrews 15. Birthplace Harry land	(Include pregnancy within 3 months of death) Major findings of operations.
15. Birthplace	Date of op.
18, Informant	Actopsy results
17. Durial Date thereof March 12,1946	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, tremation, or removed, Whiteb?) (month) (day) (year)	Accident, suicide, or homicide
Location Complete Mid.	(City or town) (Coonty) (State)
18. Funeral director A. Celia Clark Levis,	Means of injury Injured at work?
Address Paston, Mfd.	m. V. Polines - 100
19. 3/12 194 7 A. Neurus Registrar	Address Castony Mary James Date signed 3 9 9

MAR 20 1946

BUREAU V.S.

VS A15



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

02972

CERTIFICATE OF DEATH

			4	9	1
leg.	Dist.	No	1		Z

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
Couply 1 allow 1 allow 2 and 2	(For newborn Infants give residence of mother)
City or town(If outside city or town limits, write RURAL and give nearest town)	State County County
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, lostitution, or street address where death occurred:	Street No
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Ella irginia (tat	teens none
4. Sex 5. Color of race (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
female while married	20. DATE DE DEATH March 20 19.46 at 8 area
8,(b) Name of busband or wife. I Edward Wathin	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	march 15 1946 10 Mear, 20 1946
7. Birth dale of S. (c) If alive, give age years	and that I last saw h. Let alive on Weaks 19, 1946 19.
deceased (mo., day, yr.) Jan. 6, 1858	Immediate cause of death Cetaeleral DURATION
8. AGE: Years Months Bays It less than one day	hammelcage courses 6 days
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9. Birthplace Mc. Daniel Talboteo, md	Due to arterio-sclenosis many
10. Usoal occupation & Housewife	- Jack
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12 Hame John Wesler Mc Daniel	
13. Birthplace Mc Daniel	Other conditions
14 Malden game anna Wrighton Mc Das	(Include pregnancy within 8 months of death)
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al 13. Birmprage	Date of op.
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17 Burial Dale thereof Mar. 22. 1946	22. VIOLENCE: If death was due to external causes, fill to the following;
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18. Funerat director Newnam & Harraon	Means of Injury Injured at work?
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Andreas de la	23. SIGNATURE
(Date rec'd by registrar) Registrar	Address St. Michaele Moder signed Mar 20 4
Registrar	Audiess A. W. 1970

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APR 3 1946

BUREAU V.B.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2 9 5

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
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City or town (If ontside city or town limits) write RORAI(and give nearest town)	Claiberrale
How long in above place of death?	(If outside city or town limits, write RURAL end give nearest town)
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How long in hospital or institution? 3.3. days	2.(a) 11 veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Harry ?	flerby
4. Sex 5. Color or race 6.(a) Single, married, wigoved, or divorced	MEDICAL CERTIFICATION
m we my	20. DATE OF DEATH March 28 19 46 21 10 6, M
6.(b) Name of husband or wife dua K. Yaky	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	February 23 1846, to March 281846
7. Birth date of deceased (mo., day, yr.)	and thet I last saw h. Minalive on hanch 2 X 19 V
8. AGE: Years Months Days It less than one day	Immediate cause of death Free Consessing
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(Town, county, and state)	
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Z 13. Birthplace	(Include programey within 8 months of death)
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15. Birthplace NIMON TNOC I	
16, Informant CMS. TUNING TO MOTION	Autopsy results
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17 Burd Date thereof (month) (day) (year)	Accident, suicide, or homicide
Waa Vala	Where did letter cour?
Gemetery or crematory.	
Location January 1997	Injured at home, farm, Industry, public place (where?) Meene of Injury Injured at work?
18. Funeral director. Allowan & Farmon	
Address St. mi chaels. Ind.	23. SIGNATURE M. V. Palmer M. D.
18 3/30 18 46 m. fl. nerus	M. D. 6r other
(Date fee'd by registrar) Registrar	Address Date signed 3/5/16

